

**Instructions:
Foreign Business Trust
Application****Contact:
Kansas Office of the Secretary of State**Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594(785) 296-4564
kssos@sos.ks.gov
www.sos.ks.gov

All information on the application must be complete and accompanied by the correct filing fee or the document will not be accepted for filing.

- ☐ 1. **FILING FEE:** The filing fee for this document is **\$65**.
- ☐ 2. **PAYMENT:** Please enclose a check or money order payable to the Secretary of State. Applications received without the appropriate fee will not be accepted for filing. Please do not send cash. **Also, to expedite processing, please do not use staples on your documents or to attach checks.**
- ☐ 3. **TRUST NAME:** The business trust name on all documents must be exactly the same as it appears on the trust instrument. The business trust name cannot be the same as any other names on file with our office. If a foreign business trust has the same name as another entity already on file, the foreign business trust must show the state of incorporation in all of its dealings in Kansas.
- ☐ 4. **RESIDENT AGENT:** The resident agent is a person or entity that is authorized to accept service of process (lawsuits) on behalf of the business entity. This does not necessarily mean that the agent himself/herself is being sued, but that he/she has the authority and responsibility to accept service of process on behalf of the business.
- ☐ 5. **REGISTERED OFFICE:** The registered office is the address where the resident agent is located.
- ☐ 6. **MAILING ADDRESS:** The mailing address is where you would like to receive official mail from the Secretary of State's office.
- ☐ 7. **CONSENT/RESOLUTION:** The application must be accompanied by the written irrevocable consent of the business trust that actions may be commenced against it in the proper court of any county where there is proper venue by the service of process on the secretary of state, and duly certified copy of the order of resolution of the Board of Trustees authorizing the execution of the consent.
- ☐ 8. **SIGNATURES:** The application requires the signature of an authorized person.

STAY UP-TO-DATE ON YOUR ORGANIZATION'S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO WWW.SOS.KS.GOV. UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.

NOTICE: *There is a \$25 service fee for all checks returned by your financial institution.
All information must be completed or this document will not be accepted for filing.*

FBT**51-08**

KANSAS SECRETARY OF STATE

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Please read instructions sheet before completing.*

1. Name of the business trust:	
2. State/Country of organization:	
3. Began doing business in Kansas:	<input type="checkbox"/> Upon qualification <input type="checkbox"/> _____ Month Day Year
4. Name of the resident agent and address of the registered office in Kansas: <i>Address must be a street address. A P.O. box is unacceptable</i>	Name _____ Street Address _____ City _____ Kansas _____ State Zip
5. Mailing address: <i>Address will be used to send official mail from the Secretary of State's office</i>	Attention Name _____ Address _____ City _____ State Zip Country
6. Tax closing month:	

<div>7. Name and mailing address of the trustees: <i>Do not leave blank</i></div> <div>If additional space is needed please provide an attachment</div>	<div>1)<div>Name</div><div>Mailing addressCityStateZipCountry</div></div> <div>2)<div>Name</div><div>Mailing addressCityStateZipCountry</div></div> <div>3)<div>Name</div><div>Mailing addressCityStateZipCountry</div></div> <div>4)<div>Name</div><div>Mailing addressCityStateZipCountry</div></div>
8. Duration of the trust:	<div><input type="checkbox"/> Perpetual</div> <div><input type="checkbox"/> Date the trust will cease<div>MonthDayYear</div></div>
9. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct and that I have remitted the required fee.	
<div>Signature of authorized person</div> <div>Date (month, day, year)</div>	